



**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

Application No. : 09/725,910 Confirmation No. 9772
Applicants : C. Duan
: S. Gupta
: F. Zhao
Filed : November 30, 2000
Group Art Unit : 2131
Examiner : M. Henning
Docket No. : 3731-0141P

Title : VARIABLE SIZE KEY CIPHER AND METHOD
DEVICE USING THE SAME

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AUG 24 2004

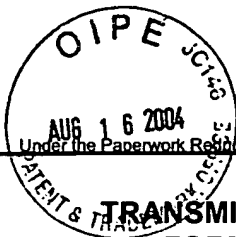
Technology Center 2100

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450.

AMENDMENT

Sir:

In response to the Office Action dated May 13, 2004, please amend the above-identified application as follows.

2131
41

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/725,910	RECEIVED AUG 24 2004 Technology Center 2100
	Filing Date	November 30, 2000	
	First Named Inventor	C. Duan, et al.	
	Art Unit	2131	
	Examiner Name	M. Henning	
Total Number of Pages in This Submission	20	Attorney Docket Number	3731-0141P

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Law Office of Jeffrey M. Weinick Jeffrey M. Weinick Reg. No. 36,304	
Signature	<i>Jeffrey M. Weinick</i>	
Date	August 12, 2004	

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Typed or printed name	Risa Garcia		
Signature	<i>Risa Garcia</i>	Date	August 12, 2004

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